

# Fremont Summer Recreation Program Registration

Child's Name: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contacts:** I/We give permission to our child to be released to the below listed individuals, in the event we cannot be contacted.\*\* Parent Signature: \_\_\_\_\_

1st. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

2nd. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Carrier and Policy #: \_\_\_\_\_

Child's Medical Information, Allergies or Concerns: \_\_\_\_\_

I hereby give permission for FREMONT PARKS & RECREATION PERSONNEL to give my child \_\_\_\_\_ first aid when necessary or in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

\*\*\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I Do / Do Not (circle one) give Fremont Parks and Recreation personnel permission to dispense Tylenol, or other medication prescribed to my child.

I give my permission for photos to be released and posted of my child relating to the summer recreation program activities. This could be via web page or the weekly newsletter.

Is your child comfortable around water and a good swimmer? (circle one) YES NO

**The summer program runs from 8:00 am to 3:30 pm. Prompt pick up is expected.**

I/We the parent of the above names, hereby give our approval to our child's participation in all the activities, and further, I/We agree to assume all liabilities incidental to the risks and hazards regarding our child participation in all Recreational Department activities including the transportation to and from the activities, and further, I/We do agree to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Town of Fremont (hereinafter TOWN) and its Parks & Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account

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of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the TOWN and it's PARKS & RECREATION DEPARTMENT, its agents and employees or otherwise while the named participant participates in activities at the Fremont Memorial Ballfields and Park and within the summer recreation program. I/we further agree to indemnify TOWN and it's PARKS & RECREATION DEPARTMENT, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the TOWN and it's PARKS & RECREATION DEPARTMENT, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the TOWN and it's PARKS & RECREATION DEPARTMENT, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the TOWN and it's PARKS & RECREATION DEPARTMENT, their agents or employees and whether or not such liability is sole, joint or several. I/we am/are aware that participation in this program may present a strain on my body, or its parts and therefore I represent to TOWN and it's PARKS & RECREATION DEPARTMENT that to the best of my knowledge, I am in a proper physical condition to participate and that I/we assume risk of participating. I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for my transportation to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation. I/we, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

\*\*\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Weekly Fee \$75.00 Monday through Friday 8:00 am to 3:30 pm Field Trip(s) included

## WEEKS ATTENDING

June 28th _____	Paid Check # _____	Amount \$ _____
July 5 <sup>th</sup> _____	Paid Check # _____	Amount \$ _____
July 12 <sup>th</sup> _____	Paid Check # _____	Amount \$ _____
July 19 <sup>th</sup> _____	Paid Check # _____	Amount \$ _____
July 26 <sup>th</sup> _____	Paid Check # _____	Amount \$ _____
Aug 2 <sup>nd</sup> _____	Paid Check # _____	Amount \$ _____
Aug 9th _____	Paid Check # _____	Amount \$ _____
Aug 16 <sup>th</sup> _____	Paid Check # _____	Amount \$ _____

Child's Name: \_\_\_\_\_